

Secretary of the Senate  
Office of Public Records  
P.O. Box 77578  
Washington, DC 20013-7578.

SECRETARY OF SENATE  
16 OCT 19 AM 10:32



201610210200517798

FEC  
FORM 3

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

SECRETARY OF THE SENATE

16 OCT 19 AM 10:32

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

M I L N E F O R V E R M O N T

ADDRESS (number and street)

4 0 P A T C H E N R O A D



Check if different  
than previously  
reported. (ACC)

P O B O X 2 0 1 8

S O U T H B U R L I N G T O N

V T

0 5 4 0 7 - 2 0 1 8

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C 0 0 6 2 0 5 3 4

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

STATE ▼ DISTRICT

V T

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y  
1 1 / 0 8 / 2 0 1 6

in the  
State of

V T

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 6

in the  
State of

V T

5. Covering Period

M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 1 6

through

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 6

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 6

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 6

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer CATHY MILNE FREY

Signature of Treasurer

Cathy M Frey

Date

M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 1 6

M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 1 6

M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 1 6

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only

FEC FORM 3  
(Revised 02/2003)

FE6AN023

201610210200517799

# SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

MILNE FOR VERMONT

Report Covering the Period: From:

MM / DD / YYYY  
07 / 01 / 2016

To:

MM / DD / YYYY  
09 / 30 / 2016

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ...	\$ 69,036.10	\$ 74,136.10
(b) Total Contribution Refunds (from Line 20(d)) ...		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	\$ 69,036.10	\$ 74,136.10
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ...	\$ 34,704.26	\$ 39,721.26
(b) Total Offsets to Operating Expenditures (from Line 14)...		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...	\$ 34,704.26	\$ 39,721.26
8. Cash on Hand at Close of Reporting Period (from Line 27)...	\$ 34,414.84	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ...	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ...	0.00	

For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

**MILNE FOR VERMONT**

Report Covering the Period: From:

MM / DD / YYYY  
07 / 01 / 2016

To:

MM / DD / YYYY  
09 / 30 / 2016

## **I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

### **11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A) ...

\$ 57,069.31

\$ 57,069.31

(ii) Unitemized .....

(iii) TOTAL of contributions  
from individuals

(b) Political Party Committees...

(c) Other Political Committees  
(such as PACs) ...

(d) The Candidate .....

\$ 11,966.79

\$ 17,066.79

(e) TOTAL CONTRIBUTIONS  
(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

\$ 69,036.10

\$ 74,136.10

### **12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ...**

### **13. LOANS:**

(a) Made or Guaranteed by the  
Candidate...

(b) All Other Loans...

(c) TOTAL LOANS

(add Lines 13(a) and (b))...

### **14. OFFSETS TO OPERATING EXPENDITURES** (Refunds, Rebates, etc.) ...

### **15. OTHER RECEIPTS**

(Dividends, Interest, etc.) .....

0

0

### **16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...**

\$ 69,036.10

\$ 74,136.10

201610210200517801

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

## **II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES...

\$ 34,704.26

\$ 39,721.26

18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES ...

0

0

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed  
by the Candidate...

(b) Of All Other Loans .....

(c) TOTAL LOAN REPAYMENTS  
(add Lines 19(a) and (b))...

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other  
Than Political Committees...

0

0

(b) Political Party Committees...

(c) Other Political Committees  
(such as PACs)...

(d) TOTAL CONTRIBUTION REFUNDS  
(add Lines 20(a), (b), and (c))...

21. OTHER DISBURSEMENTS ...

22. TOTAL DISBURSEMENTS

(add Lines 17, 18, 19(c), 20(d), and 21) ►

\$ 34,704.26

\$ 39,721.26

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...

\$ 83.00

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...

\$ 69,036.10

25. SUBTOTAL (add Line 23 and Line 24)...

\$ 69,119.10

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...

\$ 34,704.26

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD  
(subtract Line 26 from Line 25)...

\$ 34,414.84

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 6

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**MILNE FOR VERMONT**

Full Name (Last, First, Middle Initial)

**HALE, ALAN L**

A.

Mailing Address

**41 FOREST STREET**

City

**NORTH POMFRET**

State

**VT**

Zip Code

**05053**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

**\$ 2.00**

Date of Receipt

**MM / DD / YYYY**  
**07 / 05 / 2016**

Amount of Each Receipt this Period

**\$ 2.00**

☐ Memo Item

Full Name (Last, First, Middle Initial)

**DANA, DAVID**

B.

Mailing Address

**83 VT RTE 14 S**

City

**E. RANDOLPH**

State

**VT**

Zip Code

**05041**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

**100.00**

Date of Receipt

**MM / DD / YYYY**  
**07 / 16 / 2016**

Amount of Each Receipt this Period

**\$ 100.00**

☐ Memo Item

Full Name (Last, First, Middle Initial)

**HEWITT, CYNTHIA**

C.

Mailing Address

**83 VT RTE 14**

City

**E. RANDOLPH**

State

**VT**

Zip Code

**05041**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

**48.00**

Date of Receipt

**MM / DD / YYYY**  
**07 / 16 / 2016**

Amount of Each Receipt this Period

**\$ 48.00**

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

**\$ 150.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 61

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**MILNE FOR VERMONT**

Full Name (Last, First, Middle Initial)

**HALE, ALAN L**

<b>A.</b>		Date of Receipt
Mailing Address <b>41 FOREST STREET</b>		<input type="checkbox"/> M M / <input type="checkbox"/> D D / <input type="checkbox"/> Y Y Y Y Y Y
City <b>Winooski</b>	State <b>VT</b>	<b>0 7 / 1 6 / 2 0 1 6</b>
Zip Code <b>05404</b>		
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>5.00</b>
Name of Employer <b>Champlain Marina</b>	Occupation <b>Technician</b>	<input type="checkbox"/> Memo Item
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>5.00</b>	

Full Name (Last, First, Middle Initial)

**SILVERSTEIN, GARY**

<b>B.</b>		Date of Receipt
Mailing Address <b>3331 LAZY BRANCH ROAD</b>		<input type="checkbox"/> M M / <input type="checkbox"/> D D / <input type="checkbox"/> Y Y Y Y Y Y
City <b>CHARLOTTE</b>	State <b>NC</b>	<b>0 7 / 2 0 / 2 0 1 6</b>
Zip Code <b>28270</b>		
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>100.00</b>
Name of Employer <b>Mann Travels</b>	Occupation <b>Travel Agent</b>	<input type="checkbox"/> Memo Item
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>100.00</b>	

Full Name (Last, First, Middle Initial)

**MORAN, MARK**

<b>C.</b>		Date of Receipt
Mailing Address <b>SAWYER MT RD</b>		<input type="checkbox"/> M M / <input type="checkbox"/> D D / <input type="checkbox"/> Y Y Y Y Y Y
City <b>STRAFFORD</b>	State <b>VT</b>	<b>0 7 / 2 0 / 2 0 1 6</b>
Zip Code <b>05072</b>		
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>48.00</b>
Name of Employer <b>US Army Corps of Engineers</b>	Occupation <b>Geophysicist</b>	<input type="checkbox"/> Memo Item
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>48.00</b>	

SUBTOTAL of Receipts This Page (optional)..... ➤

**153.00**

TOTAL This Period (last page this line number only)..... ➤

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**MILNE FOR VERMONT**

Full Name (Last, First, Middle Initial)

**Sutton, Rudyard**

A.

Mailing Address

6735 N Andrea Doria Dr

City

Tuscon

State

AZ

Zip Code

85704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Meridian Engineering, Inc

Occupation

Manager

Receipt For:

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

Date of Receipt

MM / DD / YYYY  
07 / 19 / 2016

Amount of Each Receipt this Period

\$ 2,700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Davison-Sutton, Leslie A**

B.

Mailing Address

6735 N Andrea Doria Dr

City

Tuscon

State

AZ

Zip Code

85704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amphitheater School District

Occupation

Teacher

Receipt For:

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

Date of Receipt

MM / DD / YYYY  
07 / 19 / 2016

Amount of Each Receipt this Period

\$ 2,700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Sutton, Mark B.**

C.

Mailing Address

6735 N Andrea Doria Dr

City

Tuscon

State

AZ

Zip Code

85704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Meridian Engineering, Inc.

Occupation

Engineer

Receipt For:

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

Date of Receipt

MM / DD / YYYY  
07 / 19 / 2016

Amount of Each Receipt this Period

\$ 2,700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

\$ 8,100.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 61  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**MILNE FOR VERMONT**

Full Name (Last, First, Middle Initial) **Sutton, Rudyard**

A. Mailing Address  
6735 N Andrea Doria Dr

City State Zip Code  
Tuscon AZ 85704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Meridian Engineering, Inc

Occupation  
Manager

Receipt For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

Date of Receipt

MM / DD / YYYY  
07 / 19 / 2016

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial) **Davison-Sutton, Leslie A**

B. Mailing Address  
6735 N Andrea Doria Dr

City State Zip Code  
Tuscon AZ 85704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amphitheater School District

Occupation  
Teacher

Receipt For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

Date of Receipt

MM / DD / YYYY  
07 / 19 / 2016

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial) **Sutton, Mark B.**

C. Mailing Address  
6735 N Andrea Doria Dr

City State Zip Code  
Tuscon AZ 85704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Meridian Engineering, Inc.

Occupation  
Engineer

Receipt For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

Date of Receipt

MM / DD / YYYY  
07 / 19 / 2016

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

8100.00

TOTAL This Period (last page this line number only).....▶

201610210200517806

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 61

☒ 1a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**MILNE FOR VERMONT**

Full Name (Last, First, Middle Initial)

**Sutton, Olivia**

A.

Mailing Address

527 NW Portland Ave Apt 1

City

Bend

State

OR

Zip Code

97701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bag Ladies

Occupation

Retail Assistant

Receipt For:

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

Date of Receipt

MM / DD / YYYY  
07 / 19 / 2016

MM / DD / YYYY  
19 / 07 / 2016

MM / DD / YYYY  
20 / 16 / 2016

Amount of Each Receipt this Period

\$ 2,700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Roosevelt, Michael A**

B.

Mailing Address

PO Box 162

City

Danville

State

VT

Zip Code

05873

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caledonia County State Attny

Occupation

Investigator

Receipt For:

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

MM / DD / YYYY  
07 / 20 / 2016

MM / DD / YYYY  
20 / 07 / 2016

MM / DD / YYYY  
20 / 16 / 2016

Amount of Each Receipt this Period

\$ 100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Dublois, Edward**

C.

Mailing Address

129 Hard Farm Road

City

Manchester

State

VT

Zip Code

05255

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Equinox

Occupation

President

Receipt For:

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
07 / 01 / 2016

MM / DD / YYYY  
01 / 07 / 2016

MM / DD / YYYY  
20 / 16 / 2016

Amount of Each Receipt this Period

\$ 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

\$ 3,300.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 61

☐ 11a ☐ 11b ☐ 11c ☒ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**MILNE FOR VERMONT**

Full Name (Last, First, Middle Initial) **Milne, Scott E**

A. Mailing Address  
**PO Box 3**  
City **N Pomfret** State **VT** Zip Code **05053**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **Milne Travel Agency, Inc.** Occupation **Travel Agent**  
Receipt For:  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**17066.79**

Date of Receipt

**07 / 20 / 2016**

Amount of Each Receipt this Period

**\$ 2,034.18**

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

**07 / 20 / 2016**

Amount of Each Receipt this Period

**\$ 89.73**

☐ Memo Item

Full Name (Last, First, Middle Initial) **Milne, Scott E**

C. Mailing Address  
**PO Box 3**  
City **N Pomfret** State **VT** Zip Code **05053**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **Milne Travel Agency** Occupation **Travel Agent**  
Receipt For:  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**17066.79**

Date of Receipt

**07 / 20 / 2016**

Amount of Each Receipt this Period

**\$ 89.73**

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

**\$ 2,123.91**

TOTAL This Period (last page this line number only).....

**\$ 2,123.91**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 61

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**MILNE FOR VERMONT**

Full Name (Last, First, Middle Initial)

**Milne, Scott E**

A.

Mailing Address

**PO Box 3**

City

**N Pomfret**

State

**VT**

Zip Code

**05053**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Milne Travel Agency, Inc.**

Occupation

**Travel Agent**

Receipt For:

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

**17066.79**

Date of Receipt

**07 / 01 / 2016**

Amount of Each Receipt this Period

**\$ 355.75**

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Milne, Scott E.**

B.

Mailing Address

**PO Box 3**

City

**N Pomfret**

State

**VT**

Zip Code

**05053**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

**17066.79**

Date of Receipt

**07 / 01 / 2016**

Amount of Each Receipt this Period

**\$ 16.00**

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Milne, Scott E**

C.

Mailing Address

**PO Box 3**

City

**N Pomfret**

State

**VT**

Zip Code

**05053**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Milne Travel Agency**

Occupation

**Travel Agent**

Receipt For:

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

**17066.79**

Date of Receipt

**07 / 01 / 2016**

Amount of Each Receipt this Period

**\$ 42.57**

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

**\$ 414.32**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 61

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**MILNE FOR VERMONT**

Full Name (Last, First, Middle Initial)

**Milne, Scott E**

**A.**

Mailing Address

**PO Box 3**

City

**N Pomfret**

State

**VT**

Zip Code

**05053**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Milne Travel Agency, Inc.**

Occupation

**Travel Agent**

Receipt For:

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

**17066.79**

Date of Receipt

**07 / 06 / 2016**

Amount of Each Receipt this Period

**\$ 620.92**

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Milne, Scott E.**

**B.**

Mailing Address

**PO Box 3**

City

**N Pomfret**

State

**VT**

Zip Code

**05053**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

**17066.79**

Date of Receipt

**07 / 15 / 2016**

Amount of Each Receipt this Period

**\$ 4.45**

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Milne, Scott E**

**C.**

Mailing Address

**PO Box 3**

City

**N Pomfret**

State

**VT**

Zip Code

**05053**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Milne Travel Agency**

Occupation

**Travel Agent**

Receipt For:

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

**17066.79**

Date of Receipt

**07 / 15 / 2016**

Amount of Each Receipt this Period

**\$ 45.00**

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶

**\$ 670.37**

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☒ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**MILNE FOR VERMONT**

Full Name (Last, First, Middle Initial)

**Milne, Scott E**

**A.**

Mailing Address

**PO Box 3**

City

**N Pomfret**

State

**VT**

Zip Code

**05053**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Milne Travel Agency, Inc.**

Occupation

**Travel Agent**

Receipt For:

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

**17066.79**

Date of Receipt

**07 / 20 / 2016**

Amount of Each Receipt this Period

**\$ 635.00**

☐

Memo Item

Full Name (Last, First, Middle Initial)

**Milne, Scott E.**

**B.**

Mailing Address

**PO Box 3**

City

**N Pomfret**

State

**VT**

Zip Code

**05053**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

**17066.79**

Date of Receipt

**07 / 09 / 2016**

Amount of Each Receipt this Period

**\$ 250.00**

☐

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐

Memo Item

**SUBTOTAL** of Receipts This Page (optional) .....

**\$ 885.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **14** OF **61**

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial)

**Hughes, Thomas A.**

**A.**

Mailing Address

**126 Charles Ave**

City

**Middlebury**

State

**VT**

Zip Code

**05753**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**20.00**

Date of Receipt

**07 / 23 / 2016**

Amount of Each Receipt this Period

**20.00**

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Stannard, Sr. Phillip**

**B.**

Mailing Address

**PO Box 11**

City

**Fair Haven**

State

**VT**

Zip Code

**05743**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**50.00**

Date of Receipt

**07 / 22 / 2016**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Milne, Elise**

**C.**

Mailing Address

**PO Box 3**

City

**N Pomfret**

State

**VT**

Zip Code

**05053**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**155.00**

Date of Receipt

**07 / 01 / 2016**

Amount of Each Receipt this Period

**60.00**

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) .....

**130.00**

TOTAL This Period (last page this line number only) .....

**130.00**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 5 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial)

**Edwards, John III**

A.

Mailing Address

2277 West Knoll Drive

City

Ventura

State

CA

Zip Code

93003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
retired

Receipt For:

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

Date of Receipt

MM / DD / YYYY  
08 / 08 / 2016

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Edwards, John III**

B.

Mailing Address

2277 West Knoll Drive

City

Ventura

State

CA

Zip Code

93003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
retired

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

Date of Receipt

MM / DD / YYYY  
08 / 08 / 2016

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Boies, Robin**

C.

Mailing Address

City

Naples

State

FL

Zip Code

34109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
homemaker

Receipt For:

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

Date of Receipt

MM / DD / YYYY  
08 / 08 / 2016

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶

8100.00

**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE **16** OF 61  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial)

**Boies, Robin**

**A.**

Mailing Address

City

**Naples**

State

**FL**

Zip Code

**34109**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

**homemaker**

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

**5400.00**

Date of Receipt

**MM / DD / YYYY**  
**08 / 08 / 2016**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Boies, David III**

**B.**

Mailing Address

City

**Naples**

State

**FL**

Zip Code

**34109**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

**Strauss & Boies**

**Lawyer**

Receipt For:

☒ Primary  
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

**5400.00**

Date of Receipt

**MM / DD / YYYY**  
**08 / 08 / 2016**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Boies, David III**

**C.**

Mailing Address

City

**Naples**

State

**FL**

Zip Code

**34109**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

**Strauss & Boies**

**Lawyer**

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

**2700.00**

Date of Receipt

**MM / DD / YYYY**  
**08 / 08 / 2016**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶

**8100.00**

**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial)

**Archambeault, Pat**

A.

Mailing Address

**4 Veeder Ave**

City

**Barre**

State

**VT**

Zip Code

**05641**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Milne Travel**

Occupation

**travel agent**

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

**100.00**

Date of Receipt

**08 / 18 / 2016**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Stannard, Sr. Philip**

B.

Mailing Address

**PO Box 111**

City

**Fair Haven**

State

**VT**

Zip Code

**05743**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

**150.00**

Date of Receipt

**08 / 18 / 2016**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Stannard, Sr. Philip**

C.

Mailing Address

**PO Box 111**

City

**Fair Haven**

State

**VT**

Zip Code

**05743**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

**150.00**

Date of Receipt

**08 / 17 / 2016**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**200.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial)

**Pizzagalli, Angeleno**

<b>A.</b>		Date of Receipt																								
Mailing Address		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>6</td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	0	8		1	0		2	0	1	6		
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y															
0	8		1	0		2	0	1	6																	
73 Harbor Road																										
City	State	Zip Code																								
Shelburne	VT	05482																								
FEC ID number of contributing federal political committee.		<table border="1"><tr><td>C</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	C																							
C																										
Name of Employer		Occupation																								
Pizzagalli Properties		Owner																								
Receipt For:		Election Cycle-to-Date																								
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																								
<input type="checkbox"/> Other (specify) ▼		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																								

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		1	0		2	0	1	6		

Amount of Each Receipt this Period


 1000.00

☐ Memo Item

<b>B.</b>		Date of Receipt																								
Mailing Address		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y												
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y															
City		State																								
State		Zip Code																								
FEC ID number of contributing federal political committee.		<table border="1"><tr><td>C</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	C																							
C																										
Name of Employer		Occupation																								
Receipt For:		Election Cycle-to-Date																								
<input type="checkbox"/> Primary <input type="checkbox"/> General		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																								
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Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Receipt this Period


☐ Memo Item

<b>C.</b>		Date of Receipt																								
Mailing Address		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y												
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y															
City		State																								
State		Zip Code																								
FEC ID number of contributing federal political committee.		<table border="1"><tr><td>C</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	C																							
C																										
Name of Employer		Occupation																								
Receipt For:		Election Cycle-to-Date																								
<input type="checkbox"/> Primary <input type="checkbox"/> General		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																								
<input type="checkbox"/> Other (specify) ▼		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																								

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Receipt this Period


☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....


 1000.00


**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial)

**Morrell, Forbes S.**

A.

Mailing Address

396 Morrison Place

City

Corinth

State

VT

Zip Code

05039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

retired

Receipt For:

☐

Primary

☒

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

MM / DD / YYYY  
09 / 10 / 2016

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Lorette, Sherri**

B.

Mailing Address

1643 Fay Brook Road

City

Sharon,

State

VT

Zip Code

05065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Bayada Hospice

nurse

Receipt For:

☐

Primary

☒

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
08 / 30 / 2016

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Lewis, Patti J**

C.

Mailing Address

449 East Road

City

Berlin

State

VT

Zip Code

05641-5388

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

State of VT

Legislator

Receipt For:

☐

Primary

☒

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

MM / DD / YYYY  
09 / 10 / 2016

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

225.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial)

**Blakeman, Kevin D.**

<b>A.</b>		Date of Receipt
Mailing Address 1643 Faybrook Road		MM / DD / YYYY 08 / 30 / 2016
City Sharon	State VT	Zip Code 05065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Kevin Blakeman Realty	Occupation Realtor	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial)

**Winters, Philip C.**

<b>B.</b>		Date of Receipt
Mailing Address 1374 Chelsea Road		MM / DD / YYYY 09 / 10 / 2016
City Williamstown	State VT	Zip Code 05679
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer	Occupation retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 200.00	

Full Name (Last, First, Middle Initial)

**O'Brien, Burke K.**

<b>C.</b>		Date of Receipt
Mailing Address 541 Industrial Ave		MM / DD / YYYY 09 / 15 / 2016
City Williston	State VT	Zip Code 05495
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 100.00	

SUBTOTAL of Receipts This Page (optional).....▶

550.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **22** OF **61**

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Milne for Vermont**

Full Name (Last, First, Middle Initial) **Lorette, Sherri**

**A.**

Mailing Address

**1643 Fay Brook Rd**

City

**Sharon**

State

**VT**

Zip Code

**05065**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Bayada Hospice**

Occupation

**nurse**

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

**300.00**

Date of Receipt

**09 / 10 / 2016**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

Full Name (Last, First, Middle Initial) **Barnett, Jackie**

**B.**

Mailing Address

**76 Washington Street**

City

**Barre**

State

**VT**

Zip Code

**05641**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

**retired**

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

**50.00**

Date of Receipt

**09 / 08 / 2016**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

Full Name (Last, First, Middle Initial) **Barnett, Bernard**

**C.**

Mailing Address

**PO Box 212**

City

**Barre**

State

**VT**

Zip Code

**05641**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

**retired**

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

**50.00**

Date of Receipt

**09 / 09 / 2016**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶

**200.00**

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **23** OF **61**

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Milne for Vermont**

Full Name (Last, First, Middle Initial) **Gamache, Marianna**

A.

Mailing Address  
**PO Box 435**

City  
**Swanton**

State  
**VT**

Zip Code  
**05488**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Bayada Hospice**

Occupation  
**nurse**

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) \_\_\_\_\_

Election Cycle-to-Date

**100.00**

Date of Receipt

**09 / 10 / 2016**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

Full Name (Last, First, Middle Initial) **Dike, Lynn**

B.

Mailing Address  
**1077 Burpee Rd.**

City  
**Bristol**

State  
**VT**

Zip Code  
**05443**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
**Nurse**

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) \_\_\_\_\_

Election Cycle-to-Date

**25.00**

Date of Receipt

**09 / 10 / 2016**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

Full Name (Last, First, Middle Initial) **James, Zachariah**

C.

Mailing Address  
**70 Farnham Lane**

City  
**Rutland**

State  
**VT**

Zip Code  
**05701**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) \_\_\_\_\_

Election Cycle-to-Date

**6.00**

Date of Receipt

**09 / 19 / 2016**

Amount of Each Receipt this Period

**6.00**

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**131.00**

**TOTAL** This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial) **Goodnow, Joanne**

A.

Mailing Address  
**PO Box 37**

City State Zip Code  
**Tunbridge VT 05077**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
**retired**

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**200.00**

Date of Receipt

**09 / 17 / 2016**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

Full Name (Last, First, Middle Initial) **Dessureau, Doreen/Andre**

B.

Mailing Address  
**564 MacDonald Rd**

City State Zip Code  
**Washington VT 05675**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
**retired**

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**20.00**

Date of Receipt

**09 / 16 / 2016**

Amount of Each Receipt this Period

**20.00**

☐ Memo Item

Full Name (Last, First, Middle Initial) **Hermann, Maria**

C.

Mailing Address  
**1015 Route 100 South**

City State Zip Code  
**Ludlow VT 05149**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**50.00**

Date of Receipt

**09 / 09 / 2016**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

**270.00**

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial) **Buckley, Thaddeus**

A.

Mailing Address

1015 Route 100 S

City

Ludlow

State

VT

Zip Code

05149

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

50.00

Date of Receipt

MM / DD / YYYY  
09 / 07 / 2016

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial) **McClallen, John**

B.

Mailing Address

City

Wallingford

State

VT

Zip Code

05773

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

80.00

Date of Receipt

MM / DD / YYYY  
09 / 11 / 2016

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name (Last, First, Middle Initial) **Ruloff, Ronald C.**

C.

Mailing Address

Three Cathedral Square Apt 3G

City

Burlington

State

VT

Zip Code

05401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

25.00

Date of Receipt

MM / DD / YYYY  
09 / 05 / 2016

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

155.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial)

**Webster, Stephen W.**

<b>A.</b>		Date of Receipt
Mailing Address PO Box 267		MM / DD / YYYY 09 / 12 / 2016
City Randolph	State VT	Zip Code 05060
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer self employed	Occupation lawyer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial)

**Fritz, Fredrick**

<b>B.</b>		Date of Receipt
Mailing Address 1454 Ridge Road		MM / DD / YYYY 09 / 03 / 2016
City Cornwall	State VT	Zip Code 05753
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer	Occupation retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 1,300.00	

Full Name (Last, First, Middle Initial)

**Frey, Cathy**

<b>C.</b>		Date of Receipt
Mailing Address 435 Cutler Corner Road		MM / DD / YYYY 09 / 21 / 2016
City Barre	State VT	Zip Code 05641-9771
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1,000.00
Name of Employer Norwich University	Occupation Professor	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 1,000.00	

SUBTOTAL of Receipts This Page (optional).....▶

1600.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **27** OF **61**

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial)

**Meeks, David**

<b>A.</b>		Date of Receipt MM / DD / YYYY 09 / 23 / 2016
Mailing Address 13084 Kelley Drive		Amount of Each Receipt this Period 300.00
City Bigfork	State Zip Code MT 59911	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial)

**Elsworth, Marjorie**

<b>B.</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2016
Mailing Address 492 Huntville Rd.		Amount of Each Receipt this Period 30.00
City Fairfax	State Zip Code VT 05454	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 30.00	

Full Name (Last, First, Middle Initial)

**Lynch, Catherine**

<b>C.</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2016
Mailing Address 195 Marlboro RD		Amount of Each Receipt this Period 50.00
City Sudbury	State Zip Code MA 01776-1347	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 50.00	

SUBTOTAL of Receipts This Page (optional).....

380.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **28** OF **61**

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial)

**Clark, Thomas B**

**A.**

Mailing Address

**7046 Spear St.**

City

**Shelburne**

State

**VT**

Zip Code

**05482**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Handy GMC**

Occupation  
**Manager**

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**50.00**

Date of Receipt

**09 / 23 / 2016**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Reilly, Daniel**

**B.**

Mailing Address

**162 Independence Rd**

City

**Concord**

State

**MA**

Zip Code

**01742**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
**retired**

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

Date of Receipt

**08 / 30 / 2016**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Daly, Mary**

**C.**

Mailing Address

City

**Fairlee**

State

**VT**

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**20.00**

Date of Receipt

**09 / 30 / 2016**

Amount of Each Receipt this Period

**20.00**

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) .....

**1070.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial) **Holmes, Julie R**

A. Mailing Address  
**1053 Richardson Road**

City State Zip Code  
**Corinth VT 05039**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
**retired**

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**100.00**

Date of Receipt

**09 / 30 / 2016**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

Full Name (Last, First, Middle Initial) **Anonymous**

B. Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**10.00**

Date of Receipt

**09 / 30 / 2016**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

**2016**

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

**110.00**

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE **30** OF **6**  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial) **Milne, Keith**

A.

Mailing Address

**25 School St Apt 6**

City

**Hanover**

State

**NH**

Zip Code

**03755**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Sirius Capital Markets, Inc.**

Occupation

**Finance**

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

**1233.95**

Date of Receipt

**09 / 25 / 2016**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

Full Name (Last, First, Middle Initial) **Hillard, Daniel**

B.

Mailing Address

**PO Box 138**

City

**Wilder**

State

**VT**

Zip Code

**05088**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

**100.00**

Date of Receipt

**09 / 23 / 2016**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

Full Name (Last, First, Middle Initial) **Butterfield, S.G.**

C.

Mailing Address

**PO Box 80**

City

**Gaysville**

State

**VT**

Zip Code

**05746**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

**200.00**

Date of Receipt

**09 / 24 / 2016**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

**800.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3 / OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial)

**Melzer, Roger**

A.

Mailing Address

156 Prospect Park West

City

Brooklyn

State

NY

Zip Code

11215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

200.00

Date of Receipt

MM / DD / YYYY  
09 / 24 / 2016

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Friz, Fredrick**

B.

Mailing Address

1454 Ridge Road

City

Cornwall

State

VT

Zip Code

05753

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

1300.00

Date of Receipt

MM / DD / YYYY  
09 / 23 / 2016

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Morgan, Dean Robert**

C.

Mailing Address

510 Wheeler Road

City

Brandon

State

VT

Zip Code

05733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

50.00

Date of Receipt

MM / DD / YYYY  
09 / 25 / 2016

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1250.00











**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 OF 61

☒ 11a ☐ 11b ☐ 11c ☒ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial)

**Milne, Scott E.**

<b>A.</b>		Date of Receipt	
Mailing Address <b>PO Box 3</b>		MM / DD / YYYY <b>08 / 23 / 2016</b>	
City <b>N Pomfret</b>	State <b>VT</b>	Zip Code <b>05053</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>300.00</b>	
Name of Employer <b>Milne Travel</b>	Occupation <b>Travel Agent</b>	<input type="checkbox"/> Memo Item	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date <b>17066.79</b>	

Full Name (Last, First, Middle Initial)

**Milne, Scott E.**

<b>B.</b>		Date of Receipt	
Mailing Address <b>PO Box 3</b>		MM / DD / YYYY <b>08 / 27 / 2016</b>	
City <b>N Pomfret</b>	State <b>VT</b>	Zip Code <b>05053</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>160.65</b>	
Name of Employer <b>Milne Travel</b>	Occupation <b>Travel Agent</b>	<input type="checkbox"/> Memo Item	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date <b>17066.79</b>	

Full Name (Last, First, Middle Initial)

**Milne, Scott E.**

<b>C.</b>		Date of Receipt	
Mailing Address <b>PO Box 3</b>		MM / DD / YYYY <b>08 / 31 / 2016</b>	
City <b>N Pomfret</b>	State <b>VT</b>	Zip Code <b>05053</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>989.69</b>	
Name of Employer <b>Milne Travel</b>	Occupation <b>Travel Agent</b>	<input type="checkbox"/> Memo Item	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date <b>17066.79</b>	

SUBTOTAL of Receipts This Page (optional).....

**1450.34**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 OF 67

☐ 11a ☐ 11b ☐ 11c ☒ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial)

**Milne, Scott E.**

<b>A.</b>		Date of Receipt
Mailing Address PO Box 3		<input type="text"/> / <input type="text"/> / <input type="text"/>
City N Pomfret	State VT	Zip Code 05053
FEC ID number of contributing federal political committee. <input type="text"/>		Amount of Each Receipt this Period <input type="text"/>
Name of Employer Milne Travel	Occupation Travel Agent	<input type="text"/> 16.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <input type="text"/>	<input type="checkbox"/> Memo Item
		<input type="text"/> 17066.79

Full Name (Last, First, Middle Initial)

**Milne, Scott E.**

<b>B.</b>		Date of Receipt
Mailing Address PO Box 3		<input type="text"/> / <input type="text"/> / <input type="text"/>
City N Pomfret	State VT	Zip Code 05053
FEC ID number of contributing federal political committee. <input type="text"/>		Amount of Each Receipt this Period <input type="text"/>
Name of Employer Milne Travel	Occupation Travel Agent	<input type="text"/> 96.81
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <input type="text"/>	<input type="checkbox"/> Memo Item
		<input type="text"/> 17066.79

Full Name (Last, First, Middle Initial)

**Milne, Scott E.**

<b>C.</b>		Date of Receipt
Mailing Address PO Box 3		<input type="text"/> / <input type="text"/> / <input type="text"/>
City N Pomfret	State VT	Zip Code 05053
FEC ID number of contributing federal political committee. <input type="text"/>		Amount of Each Receipt this Period <input type="text"/>
Name of Employer Milne Travel	Occupation Travel Agent	<input type="text"/> 1387.72
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <input type="text"/>	<input type="checkbox"/> Memo Item
		<input type="text"/> 17066.79

SUBTOTAL of Receipts This Page (optional).....

1500.53

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **38** OF **61**

☐ 11a ☐ 11b ☐ 11c ☒ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial) **Milne, Scott E.**

<b>A.</b>		Date of Receipt MM / DD / YYYY 09 / 07 / 2016
Mailing Address PO Box 3 City N Pomfret State VT Zip Code 05053		Amount of Each Receipt this Period 280.00 <input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		
Name of Employer Milne Travel	Occupation Travel Agent	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 17,066.79	

<b>B.</b>		Date of Receipt MM / DD / YYYY 09 / 08 / 2016
Full Name (Last, First, Middle Initial) <b>Milne, Scott E.</b>		Amount of Each Receipt this Period 190.32 <input type="checkbox"/> Memo Item
Mailing Address PO Box 3 City N Pomfret State VT Zip Code 05053		
FEC ID number of contributing federal political committee. C		
Name of Employer Milne Travel	Occupation Travel Agent	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 17,066.79	

<b>C.</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2016
Full Name (Last, First, Middle Initial) <b>Milne, Scott E.</b>		Amount of Each Receipt this Period 4,392.00 <input type="checkbox"/> Memo Item
Mailing Address PO Box 3 City N Pomfret State VT Zip Code 05053		
FEC ID number of contributing federal political committee. C		
Name of Employer Milne Travel	Occupation Travel Agent	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 17,066.79	

SUBTOTAL of Receipts This Page (optional) .....

4862.32

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **39** OF **61**

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial)

**Milne, Elise**

<b>A.</b>		Date of Receipt MM / DD / YYYY 09 / 10 / 2016
Mailing Address PO Box 3		Amount of Each Receipt this Period 25.00
City N Pomfret	State Zip Code VT 05053	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 155.00	

Full Name (Last, First, Middle Initial)

**Milne, Elise**

<b>B.</b>		Date of Receipt MM / DD / YYYY 08 / 30 / 2016
Mailing Address PO Box 3		Amount of Each Receipt this Period 40.00
City N Pomfret	State Zip Code VT 05053	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 155.00	

Full Name (Last, First, Middle Initial)

**Milne, Elise**

<b>C.</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2016
Mailing Address PO Box 3		Amount of Each Receipt this Period 30.00
City N Pomfret	State Zip Code VT 05053	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 155.00	

SUBTOTAL of Receipts This Page (optional)

95.00

TOTAL This Period (last page this line number only)

201610210200517837



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **40** OF 61

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial)

**Milne, Keith T.**

<b>A.</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2016
Mailing Address 25 School St, Apt 6		Amount of Each Receipt this Period 113.95 <input type="checkbox"/> Memo Item
City Hanover	State NH	
Zip Code 03755		
FEC ID number of contributing federal political committee. C		
Name of Employer Sirius Capital Markets, Inc.	Occupation Finance	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date 1,233.95

Full Name (Last, First, Middle Initial)

**Milne, Keith T.**

<b>B.</b>		Date of Receipt MM / DD / YYYY 09 / 10 / 2016
Mailing Address 25 School St, Apt 6		Amount of Each Receipt this Period 200.00 <input type="checkbox"/> Memo Item
City Hanover	State NH	
Zip Code 03755		
FEC ID number of contributing federal political committee. C		
Name of Employer Sirius Capital Markets, Inc.	Occupation Finance	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date 1,233.95

Full Name (Last, First, Middle Initial)

**Milne, Keith T.**

<b>C.</b>		Date of Receipt MM / DD / YYYY 09 / 10 / 2016
Mailing Address 25 School St, Apt 6		Amount of Each Receipt this Period 420.00 <input type="checkbox"/> Memo Item
City Hanover	State NH	
Zip Code 03755		
FEC ID number of contributing federal political committee. C		
Name of Employer Sirius Capital Markets, Inc.	Occupation Finance	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date 1,233.95

SUBTOTAL of Receipts This Page (optional).....

733.95

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Milne for Vermont**

Full Name (Last, First, Middle Initial)

**Zechinelli, Karen Galfetti**

A.

Mailing Address

1873 US Route 302

City

Montpelier

State

VT

Zip Code

05602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wayside Restaurant

Occupation

owner

Receipt For:

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

40.00

Date of Receipt

MM / DD / YYYY  
09 / 10 / 2016

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Eagle, Chuck**

B.

Mailing Address

1642 Center Road

City

Corinth

State

VT

Zip Code

05039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

106.68

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2016

Amount of Each Receipt this Period

106.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Eagle, Marti**

C.

Mailing Address

1642 Center Road

City

Corinth

State

VT

Zip Code

05039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

106.68

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2016

Amount of Each Receipt this Period

106.68

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)

253.36

TOTAL This Period (last page this line number only)

69036.10

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 42 OF 61

☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial)

**A. Milne, Scott E**

Mailing Address  
PO Box 3

City State Zip Code  
N Pomfret VT 05053

Purpose of Disbursement  
USPS - postage gift in kind

Candidate Name  
Scott E. Milne

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: VT District:

Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2016

Amount of Each Disbursement this Period

4.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Milne, Scott E**

Mailing Address  
PO Box 3

City State Zip Code  
N Pomfret VT 05053

Purpose of Disbursement  
Paypal/website/gift in kind

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: VT District:

Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2016

Amount of Each Disbursement this Period

45.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name  
Scott E. Milne

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: VT District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

49.45

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 43 OF 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial)

**A. Milne, Scott E**

Mailing Address  
PO Box 3

City State Zip Code  
N Pomfret VT 05053

Purpose of Disbursement  
Square space web site/gift in kind

Candidate Name  
Scott E. Milne

Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
State: VT District:

Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2016

Amount of Each Disbursement this Period

16.00

☐ Memo Item

**B. Milne, Scott E**

Mailing Address  
PO Box 3

City State Zip Code  
N Pomfret VT 05053

Purpose of Disbursement

Candidate Name  
Scott E. Milne

Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
State: VT District:

Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2016

Amount of Each Disbursement this Period

42.57

☐ Memo Item

**C. Milne, Scott E**

Mailing Address  
PO Box 3

City State Zip Code  
N Pomfret VT 05053

Purpose of Disbursement

Candidate Name  
Scott E. Milne

Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
State: VT District:

Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2016

Amount of Each Disbursement this Period

620.92

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

679.49

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 44 OF 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

**MILNE FOR VERMONT**

Full Name (Last, First, Middle Initial)

**A. Milne, Elise**

Mailing Address  
PO Box 3

City State Zip Code  
N Pomfret VT 05053

Purpose of Disbursement  
Parade supplies- gift in kind

Candidate Name  
Scott Milne

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) ▼

State: VT District:

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2016

Amount of Each Disbursement this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Milne, Scott**

Mailing Address  
PO Box 3

City State Zip Code  
N Pomfret VT 05053

Purpose of Disbursement  
Washington County GOP Sponsorship/Gift in kind

Candidate Name  
Scott Milne

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) ▼

State: VT District:

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2016

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Milne, Scott E**

Mailing Address  
PO Box 3

City State Zip Code  
N Pomfret VT 05053

Purpose of Disbursement  
Green fees Lebanon, NH

Candidate Name  
Scott Milne

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) ▼

State: VT District:

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2016

Amount of Each Disbursement this Period

635.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

\$ 945.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 45 OF 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial)

**A. Milne, Scott E**

Mailing Address  
PO Box 3

City State Zip Code  
N Pomfret VT 05053

Purpose of Disbursement

Candidate Name  
Scott E. Milne

Office Sought: ☐ House  
☒ Senate  
☐ President  
State: VT District:

Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2016

Amount of Each Disbursement this Period

2034.18

☐ Memo Item

**B. Milne, Scott E**

Mailing Address  
PO Box 3

City State Zip Code  
N Pomfret VT 05053

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☒ Senate  
☐ President  
State: VT District:

Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2016

Amount of Each Disbursement this Period

89.73

☐ Memo Item

**C. Milne, Scott E**

Mailing Address  
PO Box 3

City State Zip Code  
N Pomfret VT 05053

Purpose of Disbursement

Candidate Name  
Scott E. Milne

Office Sought: ☐ House  
☒ Senate  
☐ President  
State: VT District:

Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2016

Amount of Each Disbursement this Period

355.75

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) .....

2479.66

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 46 OF 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

**MILNE FOR VERMONT**

Full Name (Last, First, Middle Initial)

**A. Milne for Vermont**

Mailing Address  
PO Box 2018

City State Zip Code  
40 Patchen Road VT 05407

Purpose of Disbursement  
Purchase campaign assets from 2014 state campaign

Candidate Name  
Scott Milne

Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
07 / 16 / 2016

Amount of Each Disbursement this Period

\$ 1,000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address  
150 Harmon Drive

City State Zip Code  
Northfield VT 05663

Purpose of Disbursement  
postage

Candidate Name  
Scott Milne

Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2016

Amount of Each Disbursement this Period

22.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. That was Close**

Mailing Address  
PO Box 630

City State Zip Code  
Whitesburg KY 41858

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

\$ 599.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

\$ 1,621.95

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 47 OF 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial)

A.

**USPS**

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2016

Mailing Address  
150 Harmon Drive

City State Zip Code  
Northfield VT 05663

Purpose of Disbursement  
postage to send in primary report

Candidate Name  
Scott E. Milne

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President  
State: VT District:

Disbursement For:  
☒ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

\$ 22.95

☐ Memo Item

B.

**Work Safe - Always on Time Signs**

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2016

Mailing Address  
115 Industrial Lane

City State Zip Code  
Barre VT 05641

Purpose of Disbursement  
campaign signs

Candidate Name  
Scott E. Milne

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President  
State: VT District:

Disbursement For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

\$ 4,000.00

☐ Memo Item

C.

**Big Green T's**

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2016

Mailing Address  
85 Mechanic Street

City State Zip Code  
Lebanon NH

Purpose of Disbursement  
Milne for Vermont t shirts.

Candidate Name  
Scott E. Milne

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President  
State: VT District:

Disbursement For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

\$ 276.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

\$ 4,298.95



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 48 OF 67

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial)

**A. Hewitt, Cynthia**

Mailing Address  
83 VT RT 14 S

City State Zip Code  
East Randolph VT 05401

Purpose of Disbursement  
mileage and expenses

Candidate Name  
Scott E. Milne

Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
State: VT District:

Disbursement For: ☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2016

Amount of Each Disbursement this Period

\$ 260.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Hewitt, Cynthia**

Mailing Address  
83 VT RT 14 S

City State Zip Code  
East Randolph VT 05401

Purpose of Disbursement  
mileage

Candidate Name  
Scott E. Milne

Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
State: VT District:

Disbursement For: ☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2016

Amount of Each Disbursement this Period

\$ 207.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Minuteman Press**

Mailing Address  
113 Acorn Lane, Suite 2

City State Zip Code  
Colchester VT 05446

Purpose of Disbursement  
printing

Candidate Name  
Scott E. Milne

Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
State: VT District:

Disbursement For: ☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2016

Amount of Each Disbursement this Period

\$ 506.62

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

\$ 974.83

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **49** OF **61**

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial)

A.

**Milne Travel**

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2016

Mailing Address  
40 Patchen Road

City State Zip Code  
South Burlington VT

Purpose of Disbursement  
Rent August 8 to October 8

Candidate Name  
Scott E. Milne

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VT District:

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

**Milne Travel**

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2016

Mailing Address  
325 N Main Street

City State Zip Code  
Barre VT 05641

Purpose of Disbursement  
campaign phones

Candidate Name  
Scott E. Milne

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VT District:

Amount of Each Disbursement this Period

364.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

**VT Businesses for Social Responsibility**

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2016

Mailing Address  
255 South Champlain Street, Suite 11

City State Zip Code  
Burlington VT 05401

Purpose of Disbursement  
networking dinner

Candidate Name  
Scott E. Milne

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VT District:

Amount of Each Disbursement this Period

170.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

\$ 2,534.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 OF 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial)

A.

**WeRPolitics**

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2016

Mailing Address  
4440 Willard Ave Suite 431

City State Zip Code  
Chevy Chase MD 20815

Purpose of Disbursement  
production

Candidate Name  
Scott Milne

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: ☐ Primary ☒ General  
☐ Other (specify) ▼

State: VT District:

Amount of Each Disbursement this Period

9975.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

**4 Legs and a Tail**

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2016

Mailing Address  
PO Box 841

City State Zip Code  
Lebanon NH

Purpose of Disbursement  
advertisement

Candidate Name  
Scott E. Milne

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: ☐ Primary ☒ General  
☐ Other (specify) ▼

State: VT District:

Amount of Each Disbursement this Period

785.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

**Corbett, Abram P**

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2016

Mailing Address  
20 Joy Drive Unit 203

City State Zip Code  
South Burlington VT 05403

Purpose of Disbursement  
Videography/Editing Services

Candidate Name  
Scott E. Milne

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: ☐ Primary ☒ General  
☐ Other (specify) ▼

State: VT District:

Amount of Each Disbursement this Period

900.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

\$11,660.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 OF 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial)

**A. Stripe**

Mailing Address  
3180 18th Street

City State Zip Code  
San Francisco CA 94110

Purpose of Disbursement  
fees for online donations

Candidate Name  
Scott E. Milne

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VT District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2016

Amount of Each Disbursement this Period

565.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name  
Scott E. Milne

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VT District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name  
Scott E. Milne

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VT District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

\$ 565.43

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 OF 61

☒ 17 18 19a 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial)

**A. Milne, Scott E.**

Mailing Address  
PO BOX 3

City State Zip Code  
N Pomfret VT 05053

Purpose of Disbursement  
In Kind donation/Amazon/Mr. Smith Goes to Washington

Candidate Name  
Scott E. Milne

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: ☐ Primary ☒ General  
☐ Other (specify) ▼

State: VT District:

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2016

Amount of Each Disbursement this Period

300.00

☐ Memo Item

**B. Milne, Scott E.**

Mailing Address  
PO BOX 3

City State Zip Code  
N Pomfret VT 05053

Purpose of Disbursement  
In kind donation/Rackspace Cloud

Candidate Name  
Scott E. Milne

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: ☐ Primary ☒ General  
☐ Other (specify) ▼

State: VT District:

Date of Disbursement

MM / DD / YYYY  
08 / 27 / 2016

Amount of Each Disbursement this Period

160.65

☐ Memo Item

**C. Milne, Scott E.**

Mailing Address  
PO BOX 3

City State Zip Code  
N Pomfret VT 05053

Purpose of Disbursement  
In Kind/Facebook Ad

Candidate Name  
Scott E. Milne

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: ☐ Primary ☒ General  
☐ Other (specify) ▼

State: VT District:

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2016

Amount of Each Disbursement this Period

989.69

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

1450.34

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 53 OF 61

☒ 17  
20a ☐ 18  
20b ☐ 19a  
20c ☐ 19b  
21

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial)

**A. Milne, Scott E.**

Mailing Address  
PO Box 3

City State Zip Code  
N Pomfret VT 05053

Purpose of Disbursement  
in kind/square space

Candidate Name  
Scott E. Milne

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VT District:

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2016

Amount of Each Disbursement this Period

16.00

☐ Memo Item

**B. Milne, Scott E.**

Mailing Address  
PO BOX 3

City State Zip Code  
N Pomfret VT 05053

Purpose of Disbursement  
Microsoft software license /in kind donation

Candidate Name  
Scott E. Milne

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VT District:

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2016

Amount of Each Disbursement this Period

96.81

☐ Memo Item

**C. Milne, Scott E.**

Mailing Address  
PO BOX 3

City State Zip Code  
N Pomfret VT 05053

Purpose of Disbursement  
Clearbearing -IT Support/ in kind donation

Candidate Name  
Scott E. Milne

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VT District:

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2016

Amount of Each Disbursement this Period

1387.72

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

1500.53

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 59 OF 61

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 19b 21

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial)

**A. Milne, Scott E.**

Mailing Address  
PO BOX 3

City N Pomfret State VT Zip Code 05053

Purpose of Disbursement  
in kind/ VT Standard Inc/Advertising

Candidate Name  
Scott E. Milne

Office Sought: ☐ House ☒ Senate ☐ President

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼

State: VT District:

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2016

Amount of Each Disbursement this Period

280.00

☐ Memo Item

**B. Milne, Scott E.**

Mailing Address  
PO Box 3

City N Pomfret State VT Zip Code 05053

Purpose of Disbursement  
in kind/Valley news/Advertising

Candidate Name  
Scott E. Milne

Office Sought: ☐ House ☒ Senate ☐ President

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼

State: VT District:

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2016

Amount of Each Disbursement this Period

190.32

☐ Memo Item

**C. Milne, Scott E.**

Mailing Address  
PO Box 3

City N Pomfret State VT Zip Code 05053

Purpose of Disbursement  
mileage/in kind donation

Candidate Name  
Scott E. Milne

Office Sought: ☐ House ☒ Senate ☐ President

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼

State: VT District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2016

Amount of Each Disbursement this Period

4392.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

4862.32

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **55** OF **61**

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial)

**A. Milne, Elise**

Mailing Address  
PO Box 3

City State Zip Code  
N Pomfret VT 05053

Purpose of Disbursement  
in kind/email services

Candidate Name  
Scott Milne

Category/  
Type

Office Sought:

☒ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

State: VT

District:

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2016

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Milne, Elise**

Mailing Address  
PO Box 3

City State Zip Code  
N Pomfret VT 05053

Purpose of Disbursement  
in kind/email services

Candidate Name  
Scott E. Milne

Category/  
Type

Office Sought:

☒ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

State: VT

District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2016

Amount of Each Disbursement this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Milne, Elise**

Mailing Address  
PO Box 3

City State Zip Code  
N Pomfret VT 05053

Purpose of Disbursement  
in kind/supplies

Candidate Name  
Scott E. Milne

Category/  
Type

Office Sought:

☒ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

State: VT

District:

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2016

Amount of Each Disbursement this Period

25.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

95.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 56 OF 67

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial)

**A. Milne, Keith T**

Mailing Address  
25 School Street Apt 8

City Hanover State NH Zip Code 03755

Purpose of Disbursement  
Hanover Strings in kind donation/sound equipment

Candidate Name  
Scott E. Milne

Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼

State: VT District:

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2016

Amount of Each Disbursement this Period

200.00

☐ Memo Item

**B. Milne, Keith T**

Mailing Address  
25 School Street Apt 8

City Hanover State NH Zip Code 03755

Purpose of Disbursement  
AC Bradshaw - in kind donation/printing

Candidate Name  
Scott E. Milne

Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼

State: VT District:

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2016

Amount of Each Disbursement this Period

420.00

☐ Memo Item

**C. Milne, Keith T**

Mailing Address  
25 School Street Apt 8

City Hanover State NH Zip Code 03755

Purpose of Disbursement  
Staples - in kind donation/printing

Candidate Name  
Scott E. Milne

Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼

State: VT District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

113.95

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

733.95

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 57 OF 67

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

**Milne for Vermont**

Full Name (Last, First, Middle Initial)

**A. Zechinelli, Karen Galfeti**

Mailing Address  
1873 US Route 302

City State Zip Code  
Montpelier VT 05602

Purpose of Disbursement  
In Kind donation/refreshments

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President  
VT

Disbursement For: ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2016

Amount of Each Disbursement this Period

40.00

☐ Memo Item.

Full Name (Last, First, Middle Initial)

**B. Eagle, Chuck**

Mailing Address  
1642 Center Road

City State Zip Code  
Corinth VT 05039

Purpose of Disbursement  
in kind donation/ meet and greet refreshments

Candidate Name  
Scott E. Milne

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President  
VT

Disbursement For: ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2016

Amount of Each Disbursement this Period

106.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Eagle, Marti**

Mailing Address  
1642 Center Road

City State Zip Code  
Corinth VT 05039

Purpose of Disbursement  
in kind donation/ meet and greet refreshment

Candidate Name  
Scott E. Milne

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President  
VT

Disbursement For: ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2016

Amount of Each Disbursement this Period

106.68

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

253.36

TOTAL This Period (last page this line number only).....▶

34704.26

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 58 OF 61

FOR LINE NUMBER:  
(check only one)

☐ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M /

D D /

Y Y Y Y Y

M M /

D D /

Y Y Y Y Y

% (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional).....

TOTALS This Period (last page in this line only)...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-1 (FEC Form 3)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page 59 of Schedule C

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div>	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Interest Rate (APR) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> %
Mailing Address		Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div></div>	
City State Zip Code		Date Due <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div></div>	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div></div>			
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>		Total Outstanding Balance: <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div></div>		Location of account: Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div></div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div></div>	
Title			

201610210200517857

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 60 OF 61

FOR LINE NUMBER:  
(check only one)

☐ 9  
☐ 10

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

\_\_\_\_\_

Amount Incurred This Period

\_\_\_\_\_

Payment This Period

\_\_\_\_\_

Outstanding Balance at Close of This Period

\_\_\_\_\_

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

\_\_\_\_\_

Amount Incurred This Period

\_\_\_\_\_

Payment This Period

\_\_\_\_\_

Outstanding Balance at Close of This Period

\_\_\_\_\_

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

\_\_\_\_\_

Amount Incurred This Period

\_\_\_\_\_

Payment This Period

\_\_\_\_\_

Outstanding Balance at Close of This Period

\_\_\_\_\_

1) SUBTOTALS This Period This Page (optional) ...

2) TOTALS This Period (last page this line number only) ...

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FEC FORM 3Z (File with Form 3)

p 61 of 61

## CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) <b>MILNE FOR VERMONT</b>		Report Covering Period: From: <table border="1"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td>07</td><td>01</td><td>2016</td></tr></table> To: <table border="1"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td>09</td><td>30</td><td>2016</td></tr></table>		MM	DD	YYYY	07	01	2016	MM	DD	YYYY	09	30	2016
MM	DD	YYYY													
07	01	2016													
MM	DD	YYYY													
09	30	2016													
Committee Name		(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees												
A	<b>Milne For Vermont</b>	<b>\$ 57,069.31</b>	<b>0</b>												
B	Column Total Last Page Only.....	<b>\$ 57,069.31</b>	<b>0</b>												
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions												
A	<b>0</b>	<b>\$ 11,966.79</b>	<b>\$ 69,036.10</b>												
B	<b>0</b>	<b>\$ 17,066.79</b>	<b>\$ 74,136.10</b>												
	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans												
A	<b>0</b>	<b>0</b>	<b>0</b>												
B	<b>0</b>	<b>0</b>	<b>0</b>												
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts												
A	<b>0</b>	<b>0</b>	<b>\$ 69,036.10</b>												
B	<b>0</b>	<b>0</b>	<b>\$ 74,136.10</b>												
	(l) Line No. 17 Total Operating Expenditures	(m) Line No. 18 Total Transfers to Other Authorized Committees	(n) Line No. 18 Total Transfers to Other Authorized Committees												
A	<b>\$ 34,704.26</b>	<b>0</b>	<b>0</b>												
B	<b>\$ 39,721.26</b>	<b>0</b>	<b>0</b>												
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments												
A	<b>0</b>	<b>0</b>	<b>0</b>												
B	<b>0</b>	<b>0</b>	<b>0</b>												
	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees												
A	<b>0</b>	<b>0</b>	<b>0</b>												
B	<b>0</b>	<b>0</b>	<b>0</b>												
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements												
A	<b>0</b>	<b>0</b>	<b>\$ 34,704.26</b>												
B	<b>0</b>	<b>0</b>	<b>\$ 39,721.26</b>												
	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee												
A	<b>\$ 83.00</b>	<b>\$ 34,414.84</b>	<b>0</b>												
B			<b>0</b>												
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures												
A	<b>0</b>	<b>\$ 69,036.10</b>	<b>\$ 34,704.26</b>												
B		<b>\$ 74,136.10</b>	<b>\$ 39,721.26</b>												

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Scheduled Delivery Time: 10:30 AM ☐ 3:00 PM ☐ 12:00 PM ☐

Time Accepted: ☐ AM ☐ PM

Weight: ☐ Flat Rate ☐ Priority

Insurance Fee: \$

COD Fee: \$

Live Animal Transport: \$

Postage: \$

Signature: ( )

Employee Signature: ( )

Delivery Address: (MM/DD/YY)

Time: ☐ AM ☐ PM

Employee Signature: ( )

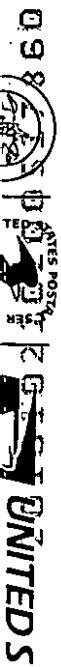
Delivery Address: (MM/DD/YY)

Time: ☐ AM ☐ PM

Employee Signature: ( )

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# United States Senate

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OFFICE OF PUBLIC RECORDS

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Date of Receipt

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USPS REGISTERED/CERTIFIED

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Postmark

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USPS EXPRESS MAIL

Postmark

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SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

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UPS

☐

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☐

AIRBORNE EXPRESS

☐

RECEIVED FROM FEDERAL ELECTION COMMISSION

Date of Receipt

POSTMARK ILLEGIBLE ☐

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FAX

Date of Receipt

OTHER

Date of Receipt or Postmark

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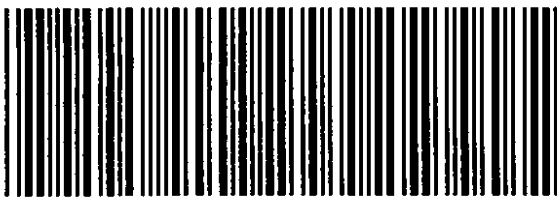
10-19-16

PREPARED

DH



SEN PATCH



SEN PATCH



201610210200517862